

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lounsberry et al.  
Title: METHOD AND APPARATUS FOR  
ASSOCIATING A FIELD  
REPLACEABLE UNIT WITH A  
MEDICAL DIAGNOSTIC SYSTEM  
AND RECORDING OPERATIONAL  
DATA  
Appl. No.: 09/450,264  
Filing Date: 11/29/1999  
Examiner: Lau, Tung S.  
Art Unit: 2863

<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below: <u>Chris Escavaille</u> (Printed Name) <u>Chris Escavaille</u> (Signature) <u>10/25/02</u> (Date of Deposit)
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**REPLY AND AMENDMENT**

Commissioner for Patents  
Box AMENDMENT  
Washington, D.C. 20231

Sir:

This reply is intended to be fully responsive to the Office Action mailed on August 12, 2002. Please amend the application as follows. Marked up versions of the claims amended below have been included as Appendix A of this amendment in accordance with 37 C.F.R. § 1.121.

**In the Claims**

**Please amend claim 7 as follows:**

7. (Once Amended) A method for associating a field replaceable unit with a medical diagnostic system, the method comprising:
- querying for information on a field replaceable unit to be associated with a medical diagnostic system by sending a query to an electronic device associated with the field replaceable unit;
  - receiving identification information on the field replaceable unit from the electronic device;

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<u>CHRIS ESCAUVILLE</u>	(Printed Name)
<u>Chris Escaville</u>	(Signature)
<u>10/25/02</u>	(Date of Deposit)

**AMENDMENT TRANSMITTAL**

BOX AMENDMENT  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ The fee required this amendment is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	—	22	=	1	x	\$18.00	=	\$18.00
Independents:	4	—	3	=	1	x	\$84.00	=	\$84.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									\$102.00
Supplemental IDS fee in accordance with 37 CFR §1.17(p):									\$180.00
Terminal Disclaimer fee in accordance with 37 CFR §1.20(d):									\$110.00
TOTAL FEE:									\$392.00

☒ Supplemental IDS under 37 CFR §1.56 with references and fee.☒ Terminal Disclaimer and fee.☒ A check in the amount of \$392.00 is enclosed.

- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/25/02

By 

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Facsimile: (414) 297-4900

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